To: The Senate Health and Welfare Committee
From: Falko Schilling, Esq., Consumer Protection Advocate, VPIRG
Date: February 25th, 2015
Re: S.20 Licensed Dental Practitioners

For the record, my name is Falko Schilling and I am the Consumer Protection Advocate at Vermont Public Interest Research Group (VPIRG). VPIRG is the state's largest nonprofit consumer and environmental advocacy organization with more than 30,000 members and supporters across Vermont. One of VPIRG's core missions is to help provide access to high quality affordable health care to all Vermonters. We recognize that dental care is an essential part of comprehensive health care, and that steps need to be taken to help ensure that Vermonters can get the dental care they need. For these, and the following reasons we ask the Committee to pass S.20 and allow mid-level dental practitioners to practice in Vermont.

A Solution for Vermont

Mid-level dental providers (called dental practitioners or dental therapists) are currently members of the dental team in 54 countries as well as in Alaska and Minnesota.[i] These providers have a scope of practice that is more expansive than a dental hygienist, but less expensive than a dentist. Mid-level providers are members of the dental team that expands their capacity to provide routine and preventive care to underserved populations.

The proposed practitioner ~~will specialize in providing routine and preventive care and~~ will be licensed to provide 34 critical procedures under the supervision of a dentist, while dentists perform over 500 procedures.

We believe that licensing dental practitioners in Vermont will expand routine and preventive services to underserved populations. It is one tool that we can use to bolster our dental delivery system in order to address our aging dental workforce, the capacity of Vermont's dentist to meet the needs of the newly insured Medicaid population, and improve Vermonter's access to dental care. We appreciate the time that the Committee has put in to reviewing S.20, and would like to take the opportunity to address some questions that have been raised during the deliberations about this new provider.

First Class Care

A review of the global literature on dental therapists found "There have been many evaluations of the technical quality of care provided by dental therapists over the past 60 years. The studies have consistently found that the quality of technical care provided by dental therapists (within their scope of competency) was comparable to that of a dentist, and in some studies was judged to be superior."[ii]

While it is well documented that mid-level providers are consistently providing high quality care, it is also important to note that mid-level providers work under the supervision of dentists. After graduating from an accredited training program, mid-level providers are licensed and then participate in a supervised preceptorship. Then, they work under the supervision of a dentist to extend the reach of the dental team, much like physician's assistants expand the capacity of the medical team.

A supervising dentist will have authority to manage the scope of practice for each mid-level provider they oversee through issuing standing orders or developing a practice arrangement. The system ensures quality care is provided by the entire dental team.

It is also important to point out that the American Dental Association funded a study that was published in the January 2013 edition of the Journal of the American Dental Association that concluded that, "A variety of studies indicate that appropriately trained midlevel providers are capable of providing high quality services." [iii]

Improved access

Evidence shows that the addition of mid-level dental practitioners can help improve access to dental care. This can be seen in the experience of Minnesota where mid-level dental providers began entering the workforce in 2011. Though the training requirements for these providers differ from what is proposed in S.20, their impact on the workforce can be informative of the possible benefits Vermont would see from passing S.20. In the 2014 report "Early Impacts of Dental Therapists in Minnesota" the Minnesota Department of Health found that dental therapists have improved access in a number of areas. Clinics that employ dental therapists are seeing more new patients, have increased dental team productivity, decreased travel and wait times, and have seen lower appointment fail rates.[iv]

Dental therapists in Alaska have increased care to more than 40,000 Alaska Natives that previously lack access to care.[v]

As we highlight the need to deliver dental care to underserved Vermonters enrolled in Medicaid, dental therapists are providing a model solution on how to expand services to this population. According to a 2013 Community Catalyst report, which explored the practice of dental therapists in Alaska and Minnesota, dental therapists are mainly providing routine and preventive care to underserved populations including rural, tribal and those enrolled in Medicaid. In fact, according to the report 78% of the patients served in Minnesota are enrolled in Medicaid.[vi]

As we struggle to provide care to the newly insured Medicaid population, mid-level dental providers offer a proven and cost-effective example on how to address this important issue.

Adequate Education

The American Association of Public Health Dentistry developed a model national curriculum for dental therapists and combined dental therapist-hygienist model. The framework for the national

curriculum calls for dental therapist to be trained in two years and dental therapist-hygienists, a model nearly identical to our proposal, to be trained in three years.[vii]

The education required of dental practitioners varies globally, but a two year curriculum has been the tradition in the majority of countries using dental therapists.[viii] Similar to the two national panel of education experts, which called for three years of training for dental therapist-hygienists, this model is in line with practices in New Zealand, Australia and United Kingdom where the training of dental hygienists and dental therapists have been integrated in to a three year curriculum.[ix]

The education requirements in S.20 go above and beyond the traditional two year and three year programs recommended by national dental experts and employed internationally. S.20 requires four years of dental training to prepare graduates to perform 34 procedures and to be licensed.

In addition to exceeding minimum education requirements, graduates of the VTC program will also graduate from an accredited institution that has a strong track record of graduating high quality professionals that server Vermonters every day.

Appropriate Supervision

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One of the most beneficial functions of a licensed dental practitioner is their ability to go out in the community to offer care. We are concerned that the amendments to S.20 adopted by the Senate Health and Welfare Committee will seriously diminish the practitioner's ability to expand the reach of our current dental teams. Our biggest concern revolves around the proposed language for 26 V.S.A § 561(8)(B). These changes would require direct supervision for many of the restorative procedures services that would be most beneficial to underserved populations. The Dental Health Aid Therapists in Alaska have shown that all of these services can be safely provided under general supervision, even with two less years of training than what would be required in S.20.

Conclusion

Based on our research we believe that S.20 represents one evidence based and proven solution, of many possible solutions, to Vermont's dental issues. It allows for fully trained dental professionals to expand the capacity of the dental team in an effort to better meet the dental needs of their community. We believe that VTC has developed a comprehensive curriculum, and that when partnered with on the job training and personalized supervision it will create a well trained workforce that can offer high quality dental care to Vermonters.

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[i] Nash, David A. et al "*A review of the Global Literature on Dental Therapists: In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States*" April 2012, at 2. Available at http://www.wkkf.org/news/Articles/2012/04/~/media/97A0E38A926443BF81491C09DCA6A7EA.ASHX

[iiii] Nash at 6

[iii] Wright, Timothy DDS MS. Do midlevel providers improve the population's oral health? Journal of the American Dental Association, January 2013, Volume 144, Issue 1, pages 92-94. Available at http://jada.ada.org/article/S0002-8177%2814%2960574-2/fulltext

[iv] Minnesota Department of Health, Minnesota Board of Dentistry "*Early Impacts of Dental Therapists in Minnesota*" Report to the Minnesota Legislature 2014, February 2014. Available at http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf

[v] See i

[vi] Kim, Frances DDS, DrPH. Economic Viability of Dental Therapists, at 2. Available at http://www.communitycatalyst.org/doc-store/publications/economic-viability-dental-therapists.pdf

[vii] Evans, Caswell, DDs MPH. The principles, competencies, and curriculum for educating dental therapists: a report of the American Association of Public Health Dentistry Panel. Journal of Public Health Dentistry 71 (2011) S9–S19 © 2011 American Association of Public Health Dentistry

[viii] Nash at 4

[ix] *Id.*

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